

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Yutaka Toya

Docket No.: 42534-9100

Serial No.:

Group Art Unit:

Filed:

Examiner:

TITLE: SEWING MACHINE NEEDLE

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Sewing Machine Needle, the
specification of which:

☒ is attached hereto.

☐ was filed on _____ as Application Serial No. _____ and
was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 C.F.R. §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

<u>2002-310955</u>	<u>Japan</u>	<u>Oct. 25, 2002</u>	Priority Not Claimed
Number	Country	Filing Date	<input type="checkbox"/>
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>
Number	Country	Filing Date	

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

Application Number

Filing Date

Application Number

Filing Date

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose material information as defined in 37 C.F.R. §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

Application Serial No.

Filing Date

Status — Patent, Pending, Abandoned

Application Serial No.

Filing date

Status — Patent, Pending, Abandoned

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY

As a below named inventor, I hereby appoint the following attorneys to prosecute the above-captioned United States patent application and to transact all business in the United States Patent and Trademark Office connected therewith and with the resulting patent, individually and collectively:

SNELL & WILMER L.L.P.

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and the registered attorneys associated with Snell & Wilmer's Customer Number 21611.

Please send all further correspondence to Snell & Wilmer L.L.P. at the above address.

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Inventor's signature: Yutaka Toya Date: September 10, 2003

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Full name of second inventor: _____

Inventor's signature: _____ Date: _____

Residence: _____
City State/Country

Citizenship: _____

Post Office Address: _____

_____ Zip Code: _____

Full name of third inventor: _____

Inventor's signature: _____ Date: _____

Residence: _____
City State/Country

Citizenship: _____

Post Office Address: _____

_____ Zip Code: _____